Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Use this form for general report and committee information, must be signed and submitted along with other detailed forms Do not use this form to update information.

1. Committee Information c. ID Number a. Full Name COMMITTEE TO ELECT JIM ARP d. Date Filed b. Mailing Address (include City, State and Zip Code) 2640 THORNGROVE COURT 01/31/2020 FAYETTEVILLE, NC 28303 e. Phone Number (910) 728-2569 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) WILLIAM R TILL 2019 10/22/2019 12/31/2019 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) State/County Referendum X Candidate Campaign Municipal Party ☐ Joint Fundraiser Organizational Organizational Organizational ☐ PAC ☐ Pre-referendum Quarterly ☐ Referendum Legal Expense Fund Thirty-five day Final (if applicable, check one) Pre-primary First 7. Type of Fund Supplemental Final Second Pre-election Booster Fund" Third ☐ Annual Building Fund Pre-runoff Presidential Election Year Candidates Fund ☐ Special Fourth Semi-annual Semi-annual ■ NC Public Campaign Financing Fund Mid Year X Year End Mid Year 10. Special Report Name Year End Final Other: ☐ Final 8. Number of Fundraisers this Report Special ☐ Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name BB&T b. Purpose c. Account Code c. Account Code b. Purpose CHECKING ACCOUNT FOR COMMITTEE d. Period Begin Balance d. Period Begin Balance S 1,173.61 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board 01/31/2020 Printed Name of Signer Signature of Appointed Treasurer Date Delivery Method **Employees** ■ Normal Mail Registered Mail Employee: tmarked: Hand Delivered ☐ Electronically Filed Employee: Date Scanne ☐ Signer has not received Date Data Entered Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment X No

☐ Yes Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number COMMITTEE TO ELECT JIM ARP 2019 Year End Semi-Annual Total this Total this Start of Election Cycle: January 1, 2018 **Election Cycle** Reporting Period 192.50 4) Cash on Hand at Start 1,173.61 RECEIPTS (CRO-1205) \$ 5) Aggregated Contributions from Individuals 0.00 0.00 (CRO-1210) 0.00 Ŝ 0.00 6) Contributions from Individuals \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 0.00 \$ 0.00 (CRO-1230) \$ 1,120,18 8) Contributions from Other Political Committees 0.00 \$ (CRO-1410) \$ 9) Loan Proceeds 0.000.00 (CRO-1240) \$ 0) Refunds/Reimbursements to the Committee \$ 0.00 0.00 1) Other Receipt Sources (CRO-1250) \$ 0.00 S 0.00 11a) Interest on Bank Accounts (CRO-1250) 00.0 11b) Contributions from Not-For-Profit Organizations 0.00 (CRO-1250) \$ 11c) Outside Sources of Income \$ 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ 0.00 (CRO-1265) \$ \$ 0.00 0.00 11e) Exempt Purchase Price Sales 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 0.00 \$ 1,120.18 EXPENDITURES 3) Disbursements (CRO-1310) 13a) Operating Expenditures 760,05 790.05 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) 0.00 0.00 (CRO-1310) \$ 13e) Coordinated Party Expenditures \$ 0.00 0.00 (4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 45.00 154.07 (CRO-1420) \$ \$ (5) Loan Repayments 0.00 0.00 \$ (CRO-1320) \$ 6) Refunds/Reimbursements from the Committee 0.00 0.00 (CRO-1510) \$ \$ (7) In-Kind Contributions 0.00 0.00 (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 944.12 805.05 (9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 368.56 368.56 ADDITIONAL INFORMATION (CRO-1330) \$ 0.00 20) Non-Monetary Gifts Given to Other Committees (CRO-1430) 211.70 21) Outstanding Loans (incl. ones from other campaigns) 1,317.79 (CRO-1610) \$ 22) Debts and Obligations owed by the Committee (CRO-1620) 0.00 \$ 23) Debts and Obligations owed to the Committee (CRO-1720) \$ 0.00 24) Account Transfers Within the Committee (CRO-1710) 0.00 0.00 25) Administrative Support (CRO-1440) 0.00 \$ 0.00 \$ 26) Forgiven Loans (CRO-2220) 0.00 \$ 0.00 \$ 27) 48-Hour Notice Reports Sum (CRO-1215) \$ 0.00 28) Contributions to be Refunded 0.00

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BENSON, NC	27504			State				c. Election 5	Sum to Date
						—			
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7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin		and the second second	undraising		D - To	Anot	her Candida	te
E - Salaries	<u> </u>					Public Off	ice Expenses		
I - Postage J - Penalties K* - C				Office Expenses	S				Expense Fund
O* Other									
* Codes require	e detailed explanatio								
CRO-1310		NC S	tate Boa	ard of Elections		· · · · · · · · · · · · · · · · · · ·			December 2009

Aggregated l	Non-Media	Expenditures
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Optional fo	orm used to repo	ort NC Non-Media	Expenditures o	f \$50 or less.			
(195) (Felt Settles as Nichological secondos Sen	ee Full Name (and FEE TO ELECT .	d Fund if applicable) JIM ARP			2, ID 1	lumber	
3. Payee Inf	formation						
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CRO-1315 NC State Board of Elections							244

Page 1 of 1 Yes X No

Debts and Obligati	•			1	of	Yes	No No
Use this form to report any u 1. Committee Full Name (and		ns owed	by the committee, to i	nciu	ie camp	2. ID Numbe	
COMMITTEE TO ELECT.				2000		2. 10 Itumbe	 By Section (10 PM) (10 PM) (10 PM) By Section (10 PM) B
3. Creditor Information			Add 🔲 Remo	ye			
a. Full Name, Mailing Address (include city, state, & zip)	s & Phone	***************************************	Note: All payments form CRO-1310				
JAMES W ARP JR			b. Description of Cree		<u>_</u>		
2640 THORNGROVE COURT FAYETTEVILLE, NC 28303 (910) 728-2569			PAYMENTS BY CANDI SIGN AND SUPPLIES S	DAT		ECURE SELF S	TORAGE FOR
e. Beginning Balance	d. Total Amount Paid		e. Totał Amount Incu	rre d		f. Remaining	Balance
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(include city, state, & zip) JAMES W ARP JR 2640 THORNGROVE COURT	a a nagaga nagagan na na na nanana, pamanan garan na ga tao na da fanyana na mandidid na na		12/15/2019		\$		1,317.79
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* Codes require detailed exp				1,144.	stingly)		
CRO-1610	N	C State Bo	ard of Elections				February 2011

Amendment

Outstanding I	_oans
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				Amenoment					
Pg _	1	of	1	Yes	X No				

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Commit	tee Full Name (and Fund if applicab	le)			2. ID Number			
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	ne, Mailing Address & Phone	b. Job Title/Profession			d. Comments			
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JAMES W ARP JR			ARMY OFFICER			e. Start Date (mm/dd/yyyy)		
2640 THORNGROVE COURT		c F	mnlover's Nam	e/Specific Field				
(910) 728	EVILLE, NC 28303			copectife freta	12/08/2015 f. End Date (mm/dd/yyyy)			
(910) 728	-2309	108	GOVT					
g. Rate	h. Security Pledged		i. Originat Los	an Amount	j. Remaining	Loan Balance		
%			\$	11.70	\$	11.70		
k. Full Nan	ne of Lending Institution	.,,,			I. Loan Number			
3. Lender	Information	□Ad	d 🔲 Remov	e				
a. Fuli Nan	ne, Mailing Address & Phone	b. J	ob Title/Profess	sion	d. Comments	· · · · · · · · · · · · · · · · · · ·		
(include	city, state, & zip)	GC	OVT EMPLOY	EE/RETIRED	A series	# - F		
JAMES V	V ARP JR	ARMY OFFICER						
	DRNGROVE COURT				e. Start Date (mm/dd/yyyy)			
	EVILLE, NC 28303			e/Specific Field	07/07/2017 f. End Date (mm/dd/yyyy)			
(910) 728	-2569	US	GOVT					
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g. Rate	h. Security Pledged		i. Original Los	n Amount	j. Remaining	Loan Balance		
%		A-A-A-F-1000						
			\$	200.00	\$	200.00		
k. Full Name of Lending Institution					I. Loan Number			
4. Total	only this Page				\$	211.70		
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	Page CRO-11	00)		\$	211.70		
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